

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS 0000"

SECTION I: GENERAL INFORMATION

Stone Energy Corporation

Owner or Operator Name		Division of Air Quality ID Number (If Available)
6000 Hampton Center		
Street Address		
Morgantown	WV	26505
City	State	ZIP Code
David Lovett	LovettDA@StoneEnergy.com	304 225-1772
Facility Local Contact Name	E-Mail	Telephone Number
		09/25/2013
Signature		Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Route flowback gas to a completion combustion device | <input type="checkbox"/> Use on-site as a fuel source; |
| <input type="checkbox"/> Reinject into the well or another well | <input type="checkbox"/> Route flowback gas to a salable gas pipeline |
| <input type="checkbox"/> Other _____ | |

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-103-02761	Mills-Wetzel #20H	39.50994 80.67295	11/01/2013	10/01/2013
47-103-02763	Mills-Wetzel #22H	39.50991 80.67300	11/01/2013	10/01/2013

[Add rows to the table for additional wells, as necessary]